Case 16-31189 Doc 23 Filed 08/25/16 Entered 08/25/16 16:17:54 Desc Main

		1700.111116	:III	
Fill in this infor	mation to identify your	case:		
Debtor 1	Gordon Thompso	on Ray		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT O	F NORTH CAROLINA	
Case number	16-31189			
(if known)				☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t1: Summarize Your Assets	Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	162,855.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,626.61
	1c. Copy line 63, Total of all property on Schedule A/B	\$	191,481.61
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	303,178.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	38,249.34
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	330,706.89
	Your total liabilities	\$	672,134.23
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,651.44
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,668.75
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,471.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	2,500.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	35,749.34
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	38,249.34

	Case 1	6-31189	Doc 23		08/25/16 cument	Entered 08/25/: Page 3 of 41	L6 16:17:54	Des	c Main	
Fill in t	his information	to identify y	our case and th							
Debtor		ordon Thom								
Debtor		t Name	Middle	e Name		Last Name				
(Spouse, i		t Name	Middle	e Name		Last Name				
United	States Bankrupt	cy Court for the	he: WESTERN	I DISTR	ICT OF NORTH	H CAROLINA				
Case n	umber <b>16-31</b>	189							Check if this is an	
								_	amended filing	
	ial Form edule A		operty						12/15	
n each c hink it fi nformati answer e	category, separate its best. Be as co ion. If more space every question.	ely list and des omplete and ac e is needed, at	scribe items. List ccurate as possibl tach a separate si	le. If two heet to tl	married people nis form. On the	a asset fits in more than one are filing together, both are top of any additional pages or or Have an Interest In	equally responsib	le for supp	lying correct	
_	. Go to Part 2. s. Where is the pr	operty?		What	is the property?	₹ Check all that apply				
	Scarborough	PI		Wilat	Single-family ho		Do not doduct on	مريع ما مامنح	a ar averantiana. Dut	
	eet address, if availat		iption	Duplex or multi-		i-unit building	Do not deduct secured clain the amount of any secured of Creditors Who Have Claims		claims on Schedule D:	
-	nehurst	NC	28374-0000		Manufactured o		Current value of entire property?	ı	Current value of the portion you own?	
City State ZIP C		ZIP Code	☐ Investment pro ☐ Timeshare ☐ Other ☐ Who has an interest ☐ Debtor 1 only		in the property? Check one	\$162,855.00 \$162  Describe the nature of your ownership i (such as fee simple, tenancy by the enti a life estate), if known.  Tenants in Common				
M	oore				Debtor 2 only					
Co	unty			■	Debtor 1 and De At least one of t	ebtor 2 only the debtors and another	Check if this (see instruction		unity property	
					r information you erty identification	u wish to add about this iter n number:	n, such as local			
				the valu	Moore Count	recorded on February by Registry of Deeds. 0.00 Debtor owns the	Value is based	d on Mod	ore County tax	

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$162,855.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) 16-31189 Debtor 1 Gordon Thompson Ray 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Lexus Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: LS430 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2005 Year: Debtor 2 only Current value of the Current value of the 82700 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another VIN # JTHBN36F855021176. \$15,275.00 \$15,275.00 Value based on NADA clean ☐ Check if this is community property (see instructions) retail. 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$15,275.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... loveseat, sofa, marble top coffee table, bombay chest, chair, table \$700.00 and mirror, desk and chair Queen bed, chest of drawers, mirror, armoire, sofa table, blanket \$550.00 chest Dining Table with 6 chairs and one two seat chair \$365.00 two twin beds, two bureaus, 4 bedside tables, chair, red chinese \$550.00 cabinet sofa, coffee table, grandfather clock, scroll clock, leather chair \$1,000.00 with footrest marble top cabinet, red cabinet, large mirror, wall cabinet, book \$550.00 shelves, wall shelves assorted framed prints (reproductions), general home decor items,

Official Form 106A/B

\$250.00

photos

Case 16-31189 Doc 23 Filed 08/25/16 Entered 08/25/16 16:17:54 Desc Main Document Page 5 of 41 Case number (if known) 16-31189 Debtor 1 Gordon Thompson Ray 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$850.00 60 inch tv, surround sound, macbook pro, HP all in one printer 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ No Yes. Describe..... Smith & Wesson M&P Pistol .40 caliber, Smith & Wesson 342 PD .38 caliber pistol, Savage shotgun Model 755A, Remington \$1,250,00 Sportsman Shotgun 20G, Tech Force 99 Premier Pellet Rifle 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 men's clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$1,000.00 Wedding band, rolex watch, seiko watch, casio watch 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$7,265,00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

for Part 3. Write that number here .....

Current value of the portion you own? Do not deduct secured

Case 16-31189 Doc 23 Filed 08/25/16 Entered 08/25/16 16:17:54 Desc Main Page 6 of 41 Document Case number (if known) 16-31189 **Gordon Thompson Ray** Debtor 1 claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$20.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts □ No Institution or issuer name: Yes..... \$273.61 AT&T Stock (7.930613 Shares at \$34.50 per share) Century Link Stock (5 Shares at \$37.72 per share) \$94.30 Edison International Stock (16.925 Shares at \$65.27 per share) \$1,104.69 AT&T Stock (7.105571 Shares at \$34.50 per share) \$122.57 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name:

### 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

□ No

■ Yes...... Issuer name and description.

JP Morgan Chase Annuity. \$4,071.44 per month.

\$4,071.44

Debtor 1 **Gordon Thompson Ray** 

South Texas Syndicate Trust Annuity of \$400.00 per month

\$400.00

24.		ation IRA, in an account in a qualified ABLE program, or 1), 529A(b), and 529(b)(1).	under a qualified state tuition prograr	n.
	☐ Yes	Institution name and description. Separately file the records	s of any interests.11 U.S.C. § 521(c):	
	■ No	future interests in property (other than anything listed i	n line 1), and rights or powers exercisa	able for your benefit
		information about them		
26.		<ul> <li>trademarks, trade secrets, and other intellectual prope domain names, websites, proceeds from royalties and licens</li> </ul>		
	☐ Yes. Give specific	information about them		
27.		es, and other general intangibles permits, exclusive licenses, cooperative association holdings	s, liquor licenses, professional licenses	
		information about them		
M	oney or property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to	o you		
	■ No □ Yes. Give specific	information about them, including whether you already filed	he returns and the tax years	
	Family support Examples: Past due ■ No □ Yes. Give specific	or lump sum alimony, spousal support, child support, mainte	enance, divorce settlement, property settl	ement
30.		neone owes you vages, disability insurance payments, disability benefits, sick unpaid loans you made to someone else	pay, vacation pay, workers' compensation	on, Social Security
	☐ Yes. Give specific	information		
31.	Interests in insuran Examples: Health, d  No	ce policies disability, or life insurance; health savings account (HSA); cre	dit, homeowner's, or renter's insurance	
		urance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	If you are the benefic someone has died.  No	perty that is due you from someone who has died ciary of a living trust, expect proceeds from a life insurance p	policy, or are currently entitled to receive p	property because
	☐ Yes. Give specific	iniomation		
33.		d parties, whether or not you have filed a lawsuit or mad s, employment disputes, insurance claims, or rights to sue	e a demand for payment	
	☐ Yes. Describe eac	ch claim		

Debto		Filed 08/25/16 Document	Entered 08/25/16 16:17:54 Page 8 of 41 Case number (if known)	Desc Main 16-31189
34. <b>O</b> 1	ther contingent and unliquidated claims of ever	ery nature, including	<del></del>	
	·	,	· ·	
	Yes. Describe each claim			
35. <b>A</b> r	ny financial assets you did not already list			
	• • •			
	Yes. Give specific information			
	Add the dollar value of all of your entries from or Part 4. Write that number here			\$6,086.61
Part 5	Describe Any Business-Related Property You Ow	n or Have an Interest In	n. List any real estate in Part 1.	
37. <b>Do</b>	you own or have any legal or equitable interest in a	ny business-related pro	operty?	
	lo. Go to Part 6.			
ΠY	es. Go to line 38.			
	If you own or have an interest in farmland, list it in Party you own or have any legal or equitable interest.  No. Go to Part 7.  Yes. Go to line 47.	est in any farm- or co	ommercial fishing-related property?	
53. <b>D</b> o	you have other property of any kind you did	not already list?		
_	xamples: Season tickets, country club membersh	nip		
	No Yes. Give specific information			
_	res. Give specific information			
54. <i>I</i>	Add the dollar value of all of your entries from	Part 7. Write that nu	ımber here	\$0.00
Part 8	List the Totals of Each Part of this Form			
Faito	List the Totals of Lacri Part of this Politi			
	Part 1: Total real estate, line 2			\$162,855.00
	Part 2: Total vehicles, line 5		\$15,275.00 \$7,005.00	
	Part 3: Total personal and household items, lir Part 4: Total financial assets, line 36		\$7,265.00 \$6,086.61	
	Part 5: Total hindricial assets, line 56		\$6,086.61 \$0.00	
	Part 6: Total farm- and fishing-related property		\$0.00 \$0.00	

63. Total of all property on Schedule A/B. Add line 55 + line 62

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

\$191,481.61

\$28,626.61

Official Form 106A/B Schedule A/B: Property page 6

\$0.00

Copy personal property total

\$28,626.61

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		17(7(.1111))	111 1 71111. 27 (71 4 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Gordon Thompso	on Ray		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT O	DF NORTH CAROLINA	
Case number	16-31189			
(if known)				☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt				
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.		
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	☐ You are claiming federal exemptions. 11 to	J.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	4 Scarborough PI Pinehurst, NC	\$162,855.00		\$0.00	N.C. Gen. Stat. §	
	28374 Moore County Quit Claim Deed recorded on February 13, 2012 in Book 3984, Page 533 in the Moore County Registry of Deeds. Value is based on Moore County tax value of \$325,710.00 Debtor owns the property as tenants in Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	- 1C-1601(a)(1)	
	2005 Lexus LS430 82700 miles	\$15,275.00		\$3,500.00	N.C. Gen. Stat. § 1C-1601(a)(3)	
	VIN # JTHBN36F855021176. Value based on NADA clean retail. Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
	2005 Lexus LS430 82700 miles VIN # JTHBN36F855021176. Value	\$15,275.00		\$5,000.00	N.C. Gen. Stat. § 1C-1601(a)(2)	
	based on NADA clean retail.  Line from <i>Schedule A/B</i> : 3.1			100% of fair market value, up to any applicable statutory limit		
	loveseat, sofa, marble top coffee	\$700.00		\$700.00	N.C. Gen. Stat. § 1C-1601(a)(4)	
table, bombay chest, chair, table a	mirror, desk and chair			100% of fair market value, up to		

any applicable statutory limit

Line from Schedule A/B: 6.1

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Brief descrip Schedule A/	otion of the property and line on				
	b that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	d, chest of drawers, mirror, sofa table, blanket chest	\$550.00		\$550.00	N.C. Gen. Stat. § 1C-1601(a)(4
	chedule A/B: <b>6.2</b>			100% of fair market value, up to any applicable statutory limit	
Dining Ta	ble with 6 chairs and one	\$365.00		\$365.00	N.C. Gen. Stat. § 1C-1601(a)(4
Line from S	chedule A/B: <b>6.3</b>			100% of fair market value, up to any applicable statutory limit	
two twin	peds, two bureaus, 4 ables, chair, red chinese	\$550.00		\$550.00	N.C. Gen. Stat. § 1C-1601(a)(4)
cabinet	chedule A/B: <b>6.4</b>			100% of fair market value, up to any applicable statutory limit	
	ee table, grandfather clock, ck, leather chair with	\$1,000.00		\$1,000.00	N.C. Gen. Stat. § 1C-1601(a)(4)
footrest	chedule A/B: <b>6.5</b>			100% of fair market value, up to any applicable statutory limit	
	p cabinet, red cabinet, large all cabinet, book shelves,	\$550.00		\$550.00	N.C. Gen. Stat. § 1C-1601(a)(4)
wall shelv				100% of fair market value, up to any applicable statutory limit	
	framed prints tions), general home decor	\$250.00		\$250.00	N.C. Gen. Stat. § 1C-1601(a)(4)
items, ph				100% of fair market value, up to any applicable statutory limit	
	, surround sound, macbook Il in one printer	\$850.00		\$850.00	N.C. Gen. Stat. § 1C-1601(a)(4)
	chedule A/B: <b>7.1</b>			100% of fair market value, up to any applicable statutory limit	
Wedding watch, ca	band, rolex watch, seiko sio watch	\$1,000.00		\$185.00	N.C. Gen. Stat. § 1C-1601(a)(4)
	chedule A/B: <b>12.1</b>			100% of fair market value, up to any applicable statutory limit	

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Document Pa	age 11 of 41
Fill in this information to identify your case:	
Debtor 1 Gordon Thompson Ray	
	st Name
Debtor 2 (Spouse if, filing) First Name Middle Name Las	st Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH	CAROLINA
of the States Bankruptcy Court for the	<u>JANGLINA</u>
Case number 16-31189	
(if known)	☐ Check if this is an amended filing
	amerided iming
Official Form 106D	
Schedule D: Creditors Who Have Claims Se	cured by Property 12/15
Be as complete and accurate as possible. If two married people are filing together, be is needed, copy the Additional Page, fill it out, number the entries, and attach it to thi number (if known).	
1. Do any creditors have claims secured by your property?	
☐ No. Check this box and submit this form to the court with your other sche	edules. You have nothing else to report on this form.
Yes. Fill in all of the information below.	
Part 1: List All Secured Claims	
2. List all secured claims. If a creditor has more than one secured claim, list the creditor	Column A Column B Column C
for each claim. If more than one creditor has a particular claim, list the other creditors in P much as possible, list the claims in alphabetical order according to the creditor's name.	art 2. As Amount of claim Value of collateral Unsecured bonot deduct the that supports this portion
	value of collateral. <b>claim</b> If any
2.1   Selene Finance   Describe the property that secures the classification   Selene Finance   Describe the property that secures the classification   Selene Finance   Describe the property that secures the classification   Selene Finance   Describe the property that secures the classification   Selene Finance   Describe the property that secures the classification   Selene Finance   Describe the property that secures the classification   Selene Finance   Describe the property that secures the classification   Selene Finance   Selene Finance	
28374 . DOT recorded on Febru 13, 2012 in Book 3984, Page 537 the Moore County Registry of D  PO Box 422039 Houston, TX 77242-2039  As of the date you file, the claim is: Check apply.  Contingent	' in eeds
Number, Street, City, State & Zip Code  Unliquidated	
☐ Disputed	
Who owes the debt? Check one. Nature of lien. Check all that apply.	
☐ Debtor 1 only ☐ An agreement you made (such as mortg car loan)	age or secured
☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic	c's lien)
■ At least one of the debtors and another □ Judgment lien from a lawsuit	
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) ☐ Dec	ed of Trust
	0074
Date debt was incurred 2/13/2012 Last 4 digits of account number	3271
Add the dollar value of your entries in Column A on this page. Write that number h	ere: \$303,178.00
If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:	\$303,178.00
Part 2: List Others to Be Notified for a Debt That You Already Listed	
Part 2: List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a deb	t that you already listed in Part 1. For example, if a collection agency is
trying to collect from you fave others to be nothed about your banktupicy for a debt trying to collect from you for a debt you owe to someone else, list the creditor in Part than one creditor for any of the debts that you listed in Part 1, list the additional creditets in Part 1, do not fill out or submit this page.	rt 1, and then list the collection agency here. Similarly, if you have more
Name, Number, Street, City, State & Zip Code Thomas McDonald	On which line in Part 1 did you enter the creditor? 2.1

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			<u>Document</u> F	<u>-age</u>	<u> 12 01 4</u>	41	•	
Fill in t	his information to identif	fy your case:						
Debtor	1 Gordon Th	ompson Ray						
	First Name	Midd	le Name L	ast Nam	9			
Debtor (Spouse i		Midd	le Name L	ast Name	 e			
` .								
United	States Bankruptcy Court for	or the: WESTER	RN DISTRICT OF NORTH	H CAR	JLINA			
Case n	umber 16-31189							
(if known)							☐ Check	if this is an
							amend	ed filing
Officia	al Form 106E/F							
	dule E/F: Credito	ors Who Hay	e Unsecured C	laim	9			12/15
any exec Schedule Schedule left. Atta	emplete and accurate as pos- cutory contracts or unexpire- e G: Executory Contracts an e D: Creditors Who Have Cla ch the Continuation Page to d case number (if known).	d leases that could in the deases that Ceases aims Secured by Proteins page. If you har	result in a claim. Also list of (Official Form 106G). Do n perty. If more space is nee we no information to report	executo not inclu ded, co	ory contract ude any cre ppy the Part	s on Schedule A/B: I ditors with partially s you need, fill it out,	Property (Official Fore secured claims that a number the entries in	m 106A/B) and on ire listed in in the boxes on the
	any creditors have priority u							
	No. Go to Part 2.	moccured ciamis ag	amst you.					
	Yes.							
ider pos	t all of your priority unsecure ntify what type of claim it is. If a sible, list the claims in alphabe t 1. If more than one creditor h	a claim has both priori etical order according	ty and nonpriority amounts, I to the creditor's name. If you	ist that o	claim here a	nd show both priority a	and nonpriority amount	ts. As much as
(For	r an explanation of each type o	of claim, see the instru	actions for this form in the ins	struction	booklet.)	Tatal alaim	Dul a ultra	Namedania
						Total claim	Priority amount	Nonpriority amount
2.1	Ingrid Ray		Last 4 digits of account r	number	1263	\$2,500.00	\$2,500.00	\$0.00
	Priority Creditor's Name 304 Hannah Way		When was the debt incur	rod?	3/11/201	1.4		
	Bridgewater, NJ 0880	)7	When was the dest moun	.cu.	3/11/20	17	-	
	Number Street City State ZIp	Code	As of the date you file, th	e claim	is: Check a	Ill that apply		
_	ho incurred the debt? Check	cone.	☐ Contingent					
	Debtor 1 only		☐ Unliquidated					
	Debtor 2 only		☐ Disputed					
	Debtor 1 and Debtor 2 only		Type of PRIORITY unsect	ured cla	ıim:			
	$oldsymbol{l}$ At least one of the debtors ar	nd another	■ Domestic support obliga	ations				
	Check if this claim is for a	community debt	☐ Taxes and certain other	r debts y	ou owe the	government		
Is	the claim subject to offset?		☐ Claims for death or pers	sonal inj	ury while yo	u were intoxicated		
	No		Other. Specify					
	l Yes		post	separ	ation co	nsent order		
2.2	IRS Priority Creditor's Name		Last 4 digits of account r	number	5962	\$27,319.00	\$19,412.36	\$7,906.64
	PO Box 7346 Philadelphia, PA 1910	01	When was the debt incur	red?	2012 an	nd 2013	-	
	Number Street City State Zlp		As of the date you file, th	e claim	is: Check a	all that apply		
W	ho incurred the debt? Check	cone.	☐ Contingent					
	Debtor 1 only		☐ Unliquidated					
	Debtor 2 only		☐ Disputed					
	Debtor 1 and Debtor 2 only		Type of PRIORITY unsect	ured cla	ıim:			
	At least one of the debtors ar	nd another	☐ Domestic support obliga	ations				
	Check if this claim is for a	community debt	Taxes and certain other	r debts v	ou owe the	government		
	the claim subject to offset?	-	☐ Claims for death or pers	-		=		
	No		Other Specify					

Official Form 106 E/F

☐ Yes

☐ Other. Specify

income tax liability

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Gordon Monipson Ray		Case Hull	ibei (ii kilow) 10	-31109	
North Carolina Department of		FOCO	¢0 420 24	¢c 222 00	¢2 407 25
2.3 Revenue Priority Creditor's Name	Last 4 digits of account number	5962	\$8,430.34	\$6,323.09	\$2,107.25
Bankruptcy Unit	When was the debt incurred?	2013			
PO Box 1168					
Raleigh, NC 27602-1168  Number Street City State Zlp Code	As of the date you file the claim	io. Ob l II db -	-tl.		
Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all tha	ат арріу		
Debtor 1 only	☐ Contingent				
<u> </u>	Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the gove	ernment		
Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you we	ere intoxicated		
■ No	☐ Other. Specify				
Yes	Income Ta	x Liability			
Part 2: List All of Your NONPRIORITY Unsecu	red Claims				
3. Do any creditors have nonpriority unsecured claim					
	5				
☐ No. You have nothing to report in this part. Submit	this form to the court with your other s	schedules.			
Yes.					
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2.	aim. For each claim listed, identify wh	at type of claim	it is. Do not list claims	already included in	Part 1. If more
Fall Z.				Total c	laim
4.1 Citi Cards	Last 4 digits of account numb	er 1163			\$9,161.00
Nonpriority Creditor's Name		1100			ψ3,101.00
PO Box 6241	When was the debt incurred?	3/1996			
Sioux Falls, SD 57117		!a Ob a al. all	41-4		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all	тпат арріу		
Debtor 1 only	Пол				
_ ′	Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsect	ired claim:			
☐ Check if this claim is for a community debt	☐ Student loans				
Is the claim subject to offset?	☐ Obligations arising out of a s report as priority claims	eparation agree	ment or divorce that y	ou did not	
■ No	Debts to pension or profit-sh	aring plans, and	other similar debts		
	, ,	•			
☐ Yes	Other. Specify revolving	g credit acc	ount		

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Debtor 1 Gordon Thompson Ray Case number (if know) 16-31189 4.2 Citi Cards Last 4 digits of account number 8077 \$13,533.00 Nonpriority Creditor's Name PO Box 6241 When was the debt incurred? 4/1996 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify revolving credit account ☐ Yes 4.3 **Green Tree** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6172 When was the debt incurred? Rapid City, SD 57709-6172 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 **Green Tree Servicing** Last 4 digits of account number 9065 \$301,533.89 Nonpriority Creditor's Name PO Box 6154 When was the debt incurred? 8/29/2006 Rapid City, SD 57709-6154 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Debtor has guit claimed his interest in the property located at 304 Hannah Way, Bridgewater, NJ 08807 to his ex-wife, Ingrid ■ Other. Specify Ray. ☐ Yes

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Debtor 1 Gordon Thompson Ray Case number (if know) 16-31189 4.5 \$6,479.00 Portfolio Recovery Last 4 digits of account number 4412 Nonpriority Creditor's Name 120 Corporate Blvd When was the debt incurred? 7/2014 Norfolk, VA 23502 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify revolving credit account

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

■ No

☐ Yes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 2,500.00
Total				 
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 35,749.34
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	<b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$ 38,249.34
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 330,706.89
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 330,706.89

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		1700.11111	111 FAUE 10 01 41	
Fill in this info	rmation to identify your	case:		
Debtor 1	Gordon Thompso	on Ray		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	WESTERN DISTRICT (	DF NORTH CAROLINA	
Case number	16-31189			
(if known)				☐ Check if this is an amended filing

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Code	
2.0	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5	Oity		Jiaie	ZII OOUG	
	Name				
	Number	Street			
	City		State	ZIP Code	_

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		Documen	r Page 17 of 41	
Fill in th	nis information to identify your	case:		
Debtor 1	Gordon Thompso	n Rav		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
	3,	WESTERN DISTRICT OF		
United 8	States Bankruptcy Court for the:	WESTERN DISTRICT OF	NORTH CAROLINA	
Case nu	ımber 16-31189			
(if known)				☐ Check if this is an amended filing
				amended ming
Offici	al Form 106H			
Sche	dule H: Your Code	ebtors		12/15
ill it out rour nar 1. D  1. D  N Y  2. W  Ariz  N Y  3. In C in li	and number the entries in the me and case number (if known). To you have any codebtors? (If you you have any codebtors? (If you you have any codebtors? (If you you have any codebtors, have you you, and California, Idaho, Louisiana, you. Go to line 3.  Yes. Did your spouse, former spouson, have you	boxes on the left. Attach the Answer every question.  You are filing a joint case, do  I lived in a community propone Nevada, New Mexico, Puert  Use, or legal equivalent live was ors. Do not include your specific that person is a guarantor	ne Additional Page to this page. On not list either spouse as a codebtor erry state or territory? (Communico Rico, Texas, Washington, and Windth you at the time?	ty property states and territories include isconsin.)  see is filing with you. List the person shown to listed the creditor on Schedule D (Official
	Column 1: Your codebtor		Column 2	edule D, Schedule E/F, or Schedule G to fill 2: The creditor to whom you owe the debt
	Name, Number, Street, City, State and ZII	P Code		schedules that apply:
3.1	Ingrid Ray 302 Hannah Way Bridgewater, NJ 08807		☐ Schee	dule D, line2.1 dule E/F, line dule G Finance
3.2	Ingrid Ray 304 Hannah Way Bridgewater, NJ 08807		■ Schee	dule D, line dule E/F, line <b>2.2</b> _ dule G
3.3	Ingrid Ray 304 Hannah Way Bridgewater, NJ 08807		■ Sched □ Sched	dule D, line dule E/F, line <b>2.3</b> dule G arolina Department of Revenue

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Debtor 1	Gordon Thompson Ray	Case number (if known) 16-31189
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Ingrid Ray 304 Hannah Way Bridgewater, NJ 08807	□ Schedule D, line ■ Schedule E/F, line4.4 □ Schedule G Green Tree Servicing

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EIII	in this information to identify your c	350.				I				
		ompson Ray								
	otor 2				_					
Uni	ted States Bankruptcy Court for the	E: WESTERN DISTRICT	OF NORTH CAROLI	NA	_					
Of Be a supply spool	fficial Form 106l  chedule I: Your Inc as complete and accurate as posplying correct information. If you use. If you are separated and you	sible. If two married peop are married and not filin ur spouse is not filing wit	g jointly, and your s h you, do not includ	pouse i le inforr	s liv nati	13 in MM / MM / and Debtor : ing with you on about you	mended oplemended come a DD/ YY 2), both u, incluur spou	nt shows of the	ormation about more space is	12/1: ible for your needed,
Par	ch a separate sheet to this form.  t 1: Describe Employment	On the top of any addition	onal pages, write you	ur name	and	d case numb	er (if k	nown).	. Answer every	question
1.	Fill in your employment information.		Debtor 1			De	ebtor 2	or non	-filing spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status  Occupation	☐ Employed ■ Not employed				Employ Not em	•	I	
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed th	ere?							
Par	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	ou have nothing to re	port for	any	line, write \$0	in the s	space.	Include your no	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		mbine the information	for all e	mpl	oyers for that	t persor	on the	e lines below. If	you need
						For Debtor	1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$_	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	0.0	00_	\$_	N/A	

Debt	tor 1	Gordon Thomp	oson Ray	_		Case number (if ki	nowi	7)	16-3°	1189		
						For Debtor 1				Debtor		
	_								non	-filing s		
	Copy	y line 4 here		4.		\$	0.0	0_	\$_		N/A	-
5.	List	all payroll deduc	tions:									
	5a.	Tax, Medicare,	and Social Security deductions	5a		\$	0.0	0	\$		N/A	
	5b.		tributions for retirement plans	5b			0.0	_	\$_		N/A	-
	5c.	Voluntary conti	ributions for retirement plans	5c.		\$	0.0	0	\$		N/A	-
	5d.	Required repay	ments of retirement fund loans	5d		\$	0.0	0	\$		N/A	_
	5e.	Insurance		5e		\$	0.0	0	\$		N/A	_
	5f.	Domestic supp	ort obligations	5f.			0.0	0	\$		N/A	_
	5g.	Union dues		5g			0.0	_	\$_		N/A	_
	5h.	Other deduction	ns. Specify:	5h	.+	\$	0.0	0 -	+ \$_		N/A	_
6.	Add	the payroll dedu	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.0	0_	\$		N/A	_
7.	Calc	ulate total month	aly take-home pay. Subtract line 6 from line 4.	7.		\$	0.0	0	\$		N/A	_
8.	List		regularly received:									
	8a.		m rental property and from operating a business,									
		profession, or f	rarm ent for each property and business showing gross									
			y and necessary business expenses, and the total									
		monthly net inco	ome.	8a		\$	0.0	0	\$		N/A	
	8b.	Interest and div	vidends	8b		\$	0.0	0	\$		N/A	_
	8c.		payments that you, a non-filing spouse, or a dependen	t								
		regularly receiv										
			spousal support, child support, maintenance, divorce property settlement.	8c.		\$	0.0	n	\$		N/A	
	8d.	Unemployment	· · · ·	8d		· · <u> </u>	0.0	_	\$_		N/A	_
	8e.	Social Security		8e		\$ 2,180		_	\$		N/A	_
	8f.	Other governm	ent assistance that you regularly receive					_				_
		Include cash ass	sistance and the value (if known) of any non-cash assistanc	е								
			, such as food stamps (benefits under the Supplemental									
		Nutrition Assista Specify:	nce Program) or housing subsidies.	8f.		\$	n n	^	\$		N/A	
	8g.	Pension or reti	rement income	8g		· ·	0.0 0.0	_	\$ 		N/A	_
	8h.		income. Specify: JP Morgan Chase Annuity	8h		\$ 4,07			· · —		N/A	_
			Syndicate Trust Annuity	_	-	\$ 400			\$_		N/A	_
				_	г			_	<u> </u>			_
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	1	\$6,65 <sup>^</sup>	1.4	4	\$		N/A	4
				Г			1 [					_
10.		-	come. Add line 7 + line 9.	10.	\$_	6,651.44	+	\$_		N/A	= \$	6,651.44
	Add	the entries in line	10 for Debtor 1 and Debtor 2 or non-filing spouse.									
11.	State	e all other regula	r contributions to the expenses that you list in Schedule	∍ <b>J</b> .								
			om an unmarried partner, members of your household, you	r depe	end	lents, your room	nma	ites	, and			
		r friends or relative	es. ounts already included in lines 2-10 or amounts that are not	availa	ahla	e to nav evnens	202	lieta	ad in S	Schodul	. /	
	Spec	•	ounts already included in lines 2-10 or amounts that are not	avalla	יוטג	e to pay expens	003	IISt	iu III c	11.		0.00
									_			
12.	Add	the amount in th	e last column of line 10 to the amount in line 11. The re	sult is	the	e combined mor	nthl	y in	come.	•		
			he Summary of Schedules and Statistical Summary of Certa	in Lia	bili	ities and Related	d D	ata	if it	12.	\$	6,651.44
	appli	ies								12.	Ψ	0,001.44
											Combi	
10	Da	·a·· avmaat an ina	reces or decrees within the year often you file this form								monthl	y income
١٥.	DO y	No.	rease or decrease within the year after you file this forn	1								
	=		The Bolton West Constitution of the							<b>D</b> 14		
		Yes. Explain:	The Debtor will recieve monthly assistance from	ı tam	ΙІУ	members to	as	SIS	t the	Depto	r ın ma	king the
			monthly plan payments.									
			The Debtor is currently obligated under a Post S	enar	ati	ion Consent	Or,	der	to n	av hie 4	y_wife	
			\$2,500.00 per month pending resolution of the e									
			this proceeding has been concluded the Debtor									J

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Fill	in this information to identify your case:				
Deb	tor 1 Gordon Thompson Ray		Che	ck if this is:	
				An amended filing	
	tor 2			A supplement show 13 expenses as of	ving postpetition chapter
(Spc	ouse, ii ming)			rs expenses as or	the following date.
Unit	ed States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH	CAROLINA		MM / DD / YYYY	
	e number				
(If kı	nown)				
Of	fficial Form 106J				
					40/45
	chedule J: Your Expenses as complete and accurate as possible. If two married people are	filing together be	th are say	ally recognished for	12/15
info	ormation. If more space is needed, attach another sheet to this funder (if known). Answer every question.				
Pari	Describe Your Household Is this a joint case?				
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> i	for Separate Housel	hold of Deb	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Pes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
					☐ Yes
					□ No
					☐ Yes
					□ No
_					☐ Yes
3.	Do your expenses include expenses of people other than				
	yourself and your dependents?				
D = "	Father to Vive Or nation Monthly Forest				
Par	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your	u are using this fo	rm 26 2 61	innlement in a Cha	enter 13 case to report
exp	penses as of a date after the bankruptcy is filed. If this is a supplibilities because the same of the second seco				
•		_			
	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yo				
	ficial Form 106l.)	our income		Your exp	enses
·					
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$	<b>.</b>	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	5	230.00
	4b. Property, homeowner's, or renter's insurance		4b. S	·	140.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$	<u> </u>	50.00
_	4d. Homeowner's association or condominium dues		4d. \$	·	0.00
5	Additional mortgage nayments for your residence, such as how	no oquity loons	5 9	Ľ.	0.00

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Gordon Thompson Ray	Case num	ber (if known)	16-31189
ies:			
	6a.	\$	350.00
•			100.00
			250.00
			0.00
		*	500.00
		·	
		·	0.00
		·	50.00
			50.00
•	11.	\$	25.00
•	12	\$	100.00
		·	
		·	25.00
	14.	\$	0.00
	450	¢	00.75
		·	23.75
		·	0.00
		-	83.00
Other insurance. Specify:	15d.	\$	0.00
s. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
Personal Property Taxes	16.	\$	12.00
Ilment or lease payments:			
Car payments for Vehicle 1	17a.	\$	0.00
Car payments for Vehicle 2	17b.	\$	0.00
Other. Specify:	17c.	\$	0.00
Other. Specify:	17d.	\$	0.00
payments of alimony, maintenance, and support that you did not report as		-	
cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	2,500.00
r payments you make to support others who do not live with you.		\$	0.00
ify:	19.	-	
r real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	ur Income.	
Mortgages on other property	20a.	\$	0.00
Real estate taxes	20b.	\$	0.00
Property, homeowner's, or renter's insurance	20c.	\$	0.00
		· -	0.00
		·	0.00
		·	30.00
		· · · · · · · · · · · · · · · · · · ·	
			30.00
m Servicer		+\$	120.00
ulate your monthly expenses			
		<b>S</b>	4,668.75
			-1,000.73
		·	4 000 77
add line 22a and 22b. The result is your monthly expenses.		<b>5</b>	4,668.75
ulate your monthly net income.		<u> </u>	
	23a	\$	6,651.44
		*	4,668.75
oopy your monthly expenses nomine 226 above.	۷۵۵.	Ψ	4,000./3
Subtract your monthly expenses from your monthly income.			
Oubtract your monthly expenses from your monthly moonie.	220	\$	1,982.69
The result is your monthly net income	230.		· · · · · · · · · · · · · · · · · · ·
The result is your monthly net income.	23c.	*	
•			
The result is your monthly net income.  ou expect an increase or decrease in your expenses within the year after your expenses, do you expect to finish paying for your car loan within the year or do you expect your	ou file this	form?	ease or decrease because o
ou expect an increase or decrease in your expenses within the year after yo	ou file this	form?	ease or decrease because o
ou expect an increase or decrease in your expenses within the year after yo cample, do you expect to finish paying for your car loan within the year or do you expect your	ou file this	form?	ease or decrease because o
I I I I I I I I I I I I I I I I I I I	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies loare and children's education costs ling, laundry, and dry cleaning onal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. Include car payments. Itainment, clubs, recreation, newspapers, magazines, and books itable contributions and religious donations ance. It include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20. Ify: Personal Property Taxes Ilment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Ify: real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property	Electricity, heat, natural gas East and Sabage collection Cher. Specify: God. And housekeeping supplies Trelephone, cell phone, Internet, satellite, and cable services Care and children's education costs East and housekeeping supplies Trelephone, cell phone, Internet, satellite, and cable services Trelephone, cell phone, and support that you did not report as cated from your pay on line 5, Schedule 1, Your Income (Official Form 106). Trelephone, cel	Electricity, heat, natural gas  Electricity, heat, natural gas  Water, sewer, garbage collection  Telephone, cell phone, Internet, satellite, and cable services  Other. Specify:  and housekeeping supplies  7. \$  care and children's education costs  ing, laundry, and dry cleaning  9. \$  ing, laundry, and dry cleaning  9. \$  ing, laundry, and dry cleaning  10. \$  care and children's education costs  ing, laundry, and dry cleaning  9. \$  indicate products and services  10. \$  call and dental expenses  sportation. Include gas, maintenance, bus or train fare.  11. \$  controllude car payments.  12. \$  trainment, clubs, recreation, newspapers, magazines, and books  13. \$  table contributions and religious donations  ance.  14. \$  ance.  15. \$  Health insurance deducted from your pay or included in lines 4 or 20.  Life insurance  15b. \$  Content insurance. Specify:  15c. \$  Cother insurance. Specify:  15d. \$  Ilment or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 1  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Inc. \$  Inc. \$

■ No.	
☐ Yes.	Explain here:

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Fill in this in	formation to identify your	case:			
Debtor 1	Gordon Thompso	on Rav			
	First Name	Middle Name	Last Name		
Debtor 2	Ti AN	AC 1 11 A 1			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT OF	NORTH CAROLINA		
Case number	r 16-31189				
(if known)	10 01100				☐ Check if this is an
					amended filing
O((; : 1 E	4000				
	orm 106Dec				
<b>Declar</b>	ation About a	ın Individual I	Debtor's Sch	edules	12/15
If two married	d people are filing together	r, both are equally respons	sible for supplying correct	t information.	
You must file	this form whenever you fi	le bankruptov schedules o	or amended schedules. Ma	aking a false stat	ement, concealing property, or
obtaining mo	oney or property by fraud in	n connection with a bankri			00, or imprisonment for up to 20
years, or botl	h. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
	Sign Below				
`	oigii Below				
Did you	pay or agree to pay some	one who is NOT an attorno	ey to help you fill out banl	kruptcy forms?	
■ No					
□ Ye	s. Name of person			Attach Ban	nkruptcy Petition Preparer's Notice,
					n, and Signature (Official Form 119)
Under pe	enalty of perjury, I declare	that I have read the summ	arv and schedules filed w	ith this declarati	on and
	are true and correct.		,		
X /e/ (	Gordon Thompson Ray		X		
	don Thompson Ray		Signature of Del	otor 2	
	ature of Debtor 1		<b>y</b> .		

Date

Date **August 25, 2016** 

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Fill	in this info	ormation to identify you	r case:			
De	btor 1	Gordon Thomps	son Rav			
		First Name	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States	Bankruptcy Court for the:	WESTERN DISTRICT (	OF NORTH CAROLINA		
	se number	16-31189				☐ Check if this is an amended filing
St Be a	atemer	e and accurate as poss	Affairs for Indiv ible. If two married people, attach a separate sheet to	are filing together, both	are equally responsible f	
		own). Answer every que		ou Lived Pefero		
1.		our current marital state	arital Status and Where Yours?	ou Lived Before		
	_					
	☐ Marri					
	■ Not n	narried				
2.	During the	e last 3 years, have you	lived anywhere other than	n where you live now?		
	■ No					
	_	List all of the places you	lived in the last 3 years. Do	not include where you live	now.	
	Debtor 1	Prior Address:	Dates Debtor lived there	1 Debtor 2 Prior	Address:	Dates Debtor 2 lived there
3. stat			ver live with a spouse or loalifornia, Idaho, Louisiana, N			erritory? (Community property
Pai	■ No □ Yes.		hedule H: Your Codebtors (			
4.	Fill in the t	otal amount of income yo	mployment or from operate ou received from all jobs and I have income that you rece	d all businesses, including p	part-time activities.	ıs calendar years?
	■ No □ Yes.	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	

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**Gordon Thompson Ray** Debtor 1

Case number (if known) 16-31189

#### Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Yes. Fill in the details.

	Debtor 1		Debtor 2				
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:	Retirement Income	\$35,768.00					
	SSI Benefits	\$17,192.00					
	Federal Tax Refund	\$2,579.00					
For last calendar year: (January 1 to December 31, 2015)	Retirement Income	\$53,487.00					
	SSI Benefits	\$27,047.00					
	Ordinary Dividends	\$69.00					
For the calendar year before that: (January 1 to December 31, 2014)	Retirement Income	\$53,487.00					
	SSI Benefits	\$25,344.00					
	Federal Tax Refund	\$1,902.00					
	State Tax Refund	\$513.00					

### List Certain Payments You Made Before You Filed for Bankruptcy

### Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

### Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

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Debtor 1 Gordon Thompson Ray

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partne r more of their voting	rships of which you securities; and ar	u are a genera ny managing a	l partner; corporations gent, including one for
<ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>					
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi  No Yes. List all payments to an insider		ments or transfer a	ny property on ac	ccount of a de	ebt that benefited an
Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment
Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  ☐ No ☐ Yes. Fill in the details.  Case title Case number In re Foreclosure of DOT dated 1/23/2012 recorded on 2/13/2012 in Book 3984 at Page 537 13-SP-184  Ray v. Ray	Nature of the case foreclosure of DOT on Debtor's primary residence		Superior	Status of the Pending On appe	ing? or custody e case
13-CVD-1263	distribution	Court 102 Monroe Str Carthage, NC 2		☐ On appe	
Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, fo	oreclosed, garnis	hed, attached	l, seized, or levied?
Creditor Name and Address	Describe the Property  Explain what happened	j	Date		Value of the property
Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No  Yes. Fill in the details.		luding a bank or fin	ancial institution	, set off any a	mounts from your
Creditor Name and Address	Describe the action the	creditor took		action was	Amount
			taken		

Case 16-31189 Doc 23 Filed 08/25/16 Entered 08/25/16 16:17:54 Desc Main Document Page 27 of 41 Case number (if known) 16-31189 Debtor 1 Gordon Thompson Ray 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Balentine Law, PLLC Attorney Fees** 7/15/2016 \$1,000.00 615 South Dekalb Street **PO Box 1000** Shelby, NC 28151-1000 kbalentine@maxgardner.com **Kerry Balentine** Chapter 13 filing fee 7/15/2016 \$310.00 **PO Box 1000 Shelby, NC 28150** 

Abacus

credit counseling fee

\$25.00

7/15/2016

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Debtor 1 Gordon Thompson Ray

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you  No	s or to make payments			or transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and vertical transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers ma include gifts and transfers that you have already  No  Yes. Fill in the details.	usiness or financial affa de as security (such as	airs? the granting of a s			
	Person Who Received Transfer Address Person's relationship to you	Description and v			any property or s received or debts schange	Date transfer was made
	Ingrid Ray 304 Hannah Way Bridgewater, NJ 08807	304 Hannah Wa Bridgewater, N Tax Value: \$25	J 08807		he on-going e distribution	12/2014
	ex-wife					
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-profite No Yes. Fill in the details.		y property to a s	self-settled tr	ust or similar device	of which you are a
	Name of trust	Description and v	alue of the prop	erty transfer	red	Date Transfer was made
Par	8: List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No  Yes. Fill in the details.	r other financial accou	nts; certificates	of deposit; s		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, an	y safe depos	it box or other depos	itory for securities,
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?

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22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy	?
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Inform	nation		
For	he purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground	•	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa		law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	nmental law defines as a hazardous	s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?
	No			
	Yes. Fill in the details.  Name of site	Governmental unit	Environmental law, if you	Date of notice
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		Date of Hotice
25.	Have you notified any governmental unit of any	y release of hazardous material?		
	No			
	Yes. Fill in the details.  Name of site	Governmental unit	Environmental law, if you	Date of notice
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		Date of Hotice
26.	Have you been a party in any judicial or admin	istrative proceeding under any envi	ronmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Co	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to any	business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability company	y (LLC) or limited liability partnersh	ip (LLP)	
	_			

Case 16-31189 Doc 23 Filed 08/25/16 Entered 08/25/16 16:17:54 Document Page 30 of 41 Case number (if known) 16-31189 **Gordon Thompson Ray** Debtor 1 ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Gordon Thompson Ray Signature of Debtor 2 **Gordon Thompson Ray** Signature of Debtor 1 Date Date August 25, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inforr	mation to identify your case:
Debtor 1	Gordon Thompson Ray
Debtor 2 (Spouse, if filing)	
United States E	Bankruptcy Court for the: Western District of North Carolina
Case number (if known)	16-31189

Check	Check as directed in lines 17 and 21:  According to the calculations required by this Statement:  1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).  2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).  3. The commitment period is 3 years.						
	. ,						
	•						
	•						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						
	Check if this is an amended filing						

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

F	Part	1: Calculate Your Average Monthly Income								
	1.	What is your marital and filing status? Check one of	only.							
		■ Not married. Fill out Column A, lines 2-11.								
		☐ Married. Fill out both Columns A and B, lines 2-11								
	10 th	Il in the average monthly income that you received from al 11(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tota ouses own the same rental property, put the income from that	month per al by 6. Fil	riod would Il in the re	d be Mai sult. Do	rch 1 through	gh August 31 e any income	. If the ame amount m	ount of your monthly incom nore than once. For examp	e varied during e, if both
							Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (be	efore all	\$	0.00	\$	
	3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e payme	nts from	a spou	use if	\$	0.00	\$	
	4.	All amounts from any source which are regularly polyou or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	r <b>t.</b> Include ld, your o	e regulai depende	r contri	butions rents, is not	\$	0.00	\$	
	5.	Net income from operating a business, profession, or farm	Debtor	1						
		Gross receipts (before all deductions)	\$_	0.00						
		Ordinary and necessary operating expenses	-\$_	0.00						
		Net monthly income from a business, profession, or fa	arm \$	0.00	Сору	here -> S	\$	0.00	\$	
	6.	Net income from rental and other real property	Debtor							
		Gross receipts (before all deductions)	\$ _	0.00						
		Ordinary and necessary operating expenses	<b>-</b> \$ _	0.00						
		Net monthly income from rental or other real property	\$	0.00	Сору	here -> 9	\$	0.00	\$	

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**Gordon Thompson Ray** 16-31189 Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a 4.471.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 4.471.00 4,471.00 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 4,471.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 4,471.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 4,471.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12

15b. The result is your current monthly income for the year for this part of the form.

53,652.00

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Gordon Thompson Ray

Case number (if known) 16-31189

16	6. Calculate the median family incom	ne that applies to you.	Follow these steps:			
	16a. Fill in the state in which you live	ə	NC			
	16b. Fill in the number of people in y	our household.	1			
	16c. Fill in the median family income To find a list of applicable medi instructions for this form. This li	ian income amounts, go	online using the link specified in		\$	41,590.00
17	. How do the lines compare?	·	, ,			
			e top of page 1 of this form, che ill out <i>Calculation of Your Dispo</i>			
	1325(b)(3). Go to Part		ge 1 of this form, check box 2, <i>l</i> on of Your Disposable Income			
Part	t 3: Calculate Your Commitmen	t Period Under 11 U.S.	C. § 1325(b)(4)			
18.	Copy your total average monthly	income from line 11 .		\$		4,471.00
19.	Deduct the marital adjustment if it contend that calculating the commits spouse's income, copy the amount f	ment period under 11 U.S				
	19a. If the marital adjustment does r	not apply, fill in 0 on line	19a.	-\$		0.00
	19b. Subtract line 19a from line 18	<b>3</b> .			\$	4,471.00
20.	•	•	•			4 474 00
	20a. Copy line 19b				\$	4,471.00
	Multiply by 12 (the number of n	nonths in a year).			X	12
	20b. The result is your current mont	hly income for the year fo	or this part of the form		\$	53,652.00
	20c. Copy the median family income	e for your state and size	of household from line 16c		\$	41,590.00
	21. How do the lines compare?					
	Line 20b is less than line 2 period is 3 years. Go to Pa		dered by the court, on the top o	f page 1 of this form, check bo	ox 3, <i>Ti</i>	he commitment
	Line 20b is more than or e commitment period is 5 years.	•	otherwise ordered by the court,	on the top of page 1 of this fo	rm, ch	eck box 4, The
Par	t 4: Sign Below					
	By signing here, under penalty of pe	rjury I declare that the in	formation on this statement and	I in any attachments is true an	d corre	ect.
<b>)</b>	( /s/ Gordon Thompson Ray					
	Gordon Thompson Ray Signature of Debtor 1					
	Date <b>August 25, 2016</b>					
	MM / DD / YYYY  If you checked 17a, do NOT fill out of	or file Form 122C-2				
	If you checked 17b, fill out Form 122		orm. On line 30 of that form, con	w your current monthly incom	a from	line 14 ahove

Debtor 1

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Fill in this information to identify your case:	
Debtor 1 Gordon Thompson Ray	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: Western District of North Carol	olina
Case number (if known) 16-31189	☐ Check if this is an amended filing
Official Form 122C-2 Chapter 13 Calculation of Your Disposa	able Income 04/10
To fill out this form, you will need your completed copy of <i>Chapter 1</i> ; <i>Commitment Period</i> (Official Form 122C-1).	13 Statement of Your Current Monthly Income and Calculation of
Be as complete and accurate as possible. If two married people are f space is needed, attach a separate sheet to this form, Include the line additional pages, write your name and case number (if known).	filing together, both are equally responsible for being accurate. If more ne number to which additional information applies. On the top any
Part 1: Calculate Your Deductions from Your Income	
	andards for certain expense amounts. Use these amounts to answer the using the link specified in the separate instructions for this form. This e.
	actual expense. In later parts of the form, you will use some of your actual perating expenses that you subtracted from income in lines 5 and 6 of Form ur spouse's income in line 13 of Form 122C–1.
If your expenses differ from month to month, enter the average expens	nse.
Note: Line numbers 1-4 are not used in this form. These numbers appl	ply to information required by a similar form used in chapter 7 cases.
5. The number of people used in determining your deductions f	from income
Fill in the number of people who could be claimed as exemptions plus the number of any additional dependents whom you support the number of people in your household.	
National Standards You must use the IRS National Standard	ards to answer the questions in lines 6-7.
<ol> <li>Food, clothing, and other items: Using the number of people you</li> <li>Standards, fill in the dollar amount for food, clothing, and other ite</li> </ol>	you entered in line 5 and the IRS National tems. \$ <b>585.00</b>
7. Out-of-pocket health care allowance: Using the number of peother dollar amount for out-of-pocket health care. The number of people who are 65 or older-because older people have a higher higher than this IRS amount, you may deduct the additional amount.	people is split into two categoriespeople who are under 65 and r IRS allowance for health car costs. If your actual expenses are

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Case number (if known) 16-31189

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Peo	ple v	who are under 65 years of age									
	7a.	Out-of-pocket health care allowance per person	\$	60							
	7b.	Number of people who are under 65	Х	1_							
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	60.00		Copy here=>	\$	60.	00		
Peo	ple v	who are 65 years of age or older									
	7d.	Out-of-pocket health care allowance per person	\$	144							
	7e.	Number of people who are 65 or older	X	0	•						
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00		Copy here=>	\$	0.0	00		
											7
	7g.	<b>Total.</b> Add line 7c and line 7f			\$	60.00		Copy total he	ere=>	\$60.00	
											_
Loca	al St	andards You must use the IRS Local Standards t	o ans	swer the question	ons in line	es 8-15.					
		n information from the IRS, the U.S. Trustee Proctcy purposes into two parts:	gram	has divided t	ne IRS L	ocal Standard	for I	housing for			
■ F	lous	ing and utilities - Insurance and operating expen	ses								
<b>I</b>	lous	ing and utilities - Mortgage or rent expenses									
		rer the questions in lines 8-9, use the U.S. Truste						using the li	nk s	pecified in the	
8.	Ηοι	e instructions for this form. This chart may also busing and utilities - Insurance and operating expe	ense	s: Using the nu	mber of p	,		in line 5, fill	•	407.00	
_		ne dollar amount listed for your county for insurance	and o	operating expe	nses.				\$_	407.00	-
9.		using and utilities - Mortgage or rent expenses:		de e delles esses							
	9a.	Using the number of people you entered in line 5, 1 listed for your county for mortgage or rent expense		tne dollar amol	int		\$	894.	00		
	9b.	Total average monthly payment for all mortgages a	ınd o	ther debts secu	red by y	our home.					
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.									
		Name of the creditor		Average mo payment	nthly						
		Selene Finance		\$\$	73.00						
		9b. Total average monthly paymer		e 13	373.00	Сору		1 272	00	Repeat this amount	
		sb. Total average monthly paymen	ıı	\$ 1,3	0.00	here=> -\$	, —	1,070	.00	on line 33a.	
	9c.	Net mortgage or rent expense.				_					
		Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, end			ge	\$		^ ^	py re=>	\$0.00	_
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil					inc	orrect and		\$	
	Ex	plain why:									

Debtor 1

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**Gordon Thompson Ray** 16-31189 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 244.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 33c 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 => 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Gordon Thompson Ray Case number (if known) 16-31189

		addition to the expense de following IRS categories		listed above,	, you are allowed your monthly expenses	s for	
16.	self-employment taxes, social s	security taxes, and Medica ever, if you expect to receing the total monthly amount	are taxes. ve a tax r	You may inception of the second of the secon	d local taxes, such as income taxes, clude the monthly amount withheld from the taxes are the expected refund by 12 for taxes.	\$	0.00
17.	Involuntary deductions: The		ctions tha	at your job red	quires, such as retirement		
	contributions, union dues, and  Do not include amounts that are		such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	<b>Life Insurance:</b> The total mont filing together, include payment	thly premiums that you pa ts that you make for your e insurance on your depe	y for your spouse's	own term life term life insu	e insurance. If two married people are	\$	0.00
19.	Court-ordered payments: The administrative agency, such as Do not include payments on pa	spousal or child support	payments		by the order of a court or  You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly a				<b>G</b>		
	as a condition for your job, of	, , ,					
	for your physically or menta	lly challenged dependent	child if no	public educa	ation is available for similar services.	\$	0.00
21.	<b>Childcare:</b> The total monthly a Do not include payments for an				sitting, daycare, nursery, and preschool.	\$	0.00
22.		nd welfare of you or your aclude only the amount that	depender at is more	nts and that is than the tota		\$	0.00
23.	Optional telephone and telep for you and your dependents, s phone service, to the extent ne income, if it is not reimbursed by	whone services: The total such as pagers, call waitin cessary for your health ar by your employer. asic home telephone, intel	monthly ig, caller ind welfare	amount that y dentification, e or that of you	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment	+\$	0.00
24.	Add all of the expenses allow Add lines 6 through 23.	ved under the IRS exper	nse allow	ances.		\$	1,296.00
Add	ditional Expense Deductions	These are additional de		allowed by th	ne Means Test		
		Note: Do not include ar	ny expens		s listed in lines 6-24.		
25.		nsurance, and health sa	vings ac	e allowances count expen		or	
25.	insurance, disability insurance,	nsurance, and health sa	vings ac	e allowances count expen	s listed in lines 6-24.  uses. The monthly expenses for health	or	
25.	insurance, disability insurance, your dependents.	nsurance, and health sa	vings acunts that a	e allowances count expen are reasonab	s listed in lines 6-24.  uses. The monthly expenses for health	or	
25.	insurance, disability insurance, your dependents.  Health insurance	nsurance, and health sa and health savings acco	vings acounts that a	e allowances count expen are reasonab 0.00	s listed in lines 6-24.  uses. The monthly expenses for health	or	
25.	insurance, disability insurance, your dependents. Health insurance Disability insurance	nsurance, and health sa and health savings acco	vings accurate that a	count expensare reasonab  0.00  0.00	s listed in lines 6-24.  uses. The monthly expenses for health		0.00
25.	insurance, disability insurance, your dependents.  Health insurance  Disability insurance  Health savings account	nsurance, and health sa and health savings accor + I amount?	vings accounts that a	count expenare reasonab  0.00  0.00  0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o		0.00
25.	insurance, disability insurance, your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this tota	nsurance, and health sa and health savings accor + I amount?	vings accounts that a	count expenare reasonab  0.00  0.00  0.00	s listed in lines 6-24.  ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o		0.00
	insurance, disability insurance, your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this tota  No. How much do you a Yes  Continued contributions to the continue to pay for the reasonal	he care of household or able and necessary care a cour immediate family who	\$\$  family mend support is unable.	e allowances count expen are reasonab  0.00  0.00  0.00  0.00  embers. The rt of an elder e to pay for s	c actual monthly expenses that you will dry, chronically ill, or disabled member of uch expenses. These expenses may		0.00
26.	insurance, disability insurance, your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this tota  No. How much do you a Yes  Continued contributions to the continue to pay for the reasonaryour household or member of yinclude contributions to an according to the contribution of a protection against family violence.	Hamount? actually spend? he care of household or able and necessary care a your immediate family who bunt of a qualified ABLE plence. The reasonably ne	s s s s s s s s s s s s s s s s s s s	e allowances count expen are reasonab  0.00  0.00  0.00  0.00  embers. The rt of an elder e to pay for s e to pay for s e to U.S.C. § 5 monthly expe	c actual monthly expenses that you will dry, chronically ill, or disabled member of uch expenses. These expenses may	\$\$	

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Debtor 1	Gordon Thompson Ray		Case number (if kn	own)	16-311	89		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insural	nce and opera	ting ex	penses (	on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er		costs included	in expe	enses on	line		
	You must give your case trustee document amount claimed is reasonable and necessary		st show that th	e addi	tional		\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.					or		
	You must give your case trustee document claimed is reasonable and necessary and r		st explain why	the an	nount			
	* Subject to adjustment on 4/01/19, and evo	ery 3 years after that for cases begun on or	r after the date	of adj	ustment.		\$	0.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standards						
	To find a chart showing the maximum addit instructions for this form. This chart may also	ional allowance, go online using the link sp so be available at the bankruptcy clerk's off	pecified in the strice.	separa	te			
	You must show that the additional amount	claimed is reasonable and necessary.					\$	0.00
	<b>Continuing charitable contributions.</b> The instruments to a religious or charitable orga		e in the form o	f cash	or financ	ial		
	Do not include any amount more than 15%	of your gross monthly income.					\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$	0.00
Dedu	uctions for Debt Payment							
le	For debts that are secured by an interest oans, and other secured debt, fill in lines o calculate the total average monthly paym	33a through 33e.			le			
	reditor in the 60 months after you file for ba		ado to caon s	ourcu				
	Mortgages on your home						averag	e monthly nt
33a.	Copy line 9b here				=	> 3		1,373.00
	Loans on your first two vehicles							
33b.	Copy line 13b here				=	> 5	<b></b>	0.00
33c.	Copy line 13e here					> {	S	0.00
33d.	List other secured debts:							
Nam	e of each creditor for other secured debt	Identify property that secures the debt		includ	paymen le taxes urance?	t		
					No			
	-NONE-				res .	\$	i	
					No			
				_	⁄es	\$	;	
				`	No (aa			
				□ '	res +	\$		
33e	Total average monthly payment. Add lines	: 33a through 33d	\$	1,373.	nn to	opy otal ere=>	\$	1,373.00

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**Gordon Thompson Ray** Case number (if known) 16-31189 Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount 4 Scarborough PI Pinehurst, NC 28374 . DOT recorded on February 13, 2012 in Book 3984, Page 537 in the Moore Selene Finance **67,000.00**  $\div$  60 = \$ 1.116.67 **County Registry of Deeds**  $\div 60 = \$$ \$ \$  $\div 60 = +$ \$ Copy total 1,116.67 1.116.67 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 28,235.45 ÷60 \$ 470.59 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 2,960.26 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 1,296.00 expense allowances Copy line 32, All of the additional expense deductions 0.00 Copy line 37, All of the deductions for debt payment 2,960.26

4,256.26

Copy total here=>

Total deductions.....

4,256.26

\$

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16-31189

Case number (if known)

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 4.471.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 4,256.26 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Copy 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 4.256.26 4.256.26 here=> -\$ 214.74 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 Decrease

**Gordon Thompson Ray** 

Debtor 1

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Debtor 1	Gordon Thompson Ray	Case number (if known)	16-31189
Part 4	Sign Below		

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Gordon Thompson Ray

Gordon Thompson Ray Signature of Debtor 1

Date **August 25, 2016** 

MM / DD / YYYY